



**State of Connecticut**  
**DIVISION OF CRIMINAL JUSTICE**

**Testimony of the Division of Criminal Justice**

*Joint Committee on Public Health – March 3, 2008*

**Raised Bill No. 243 – An Act Requiring Acute Care Hospitals to Make Forensic Nursing Services Available to Patients**

*Presented by Patricia M. Froehlich, State's Attorney, Judicial District of Windham  
Chair, Commission on the Standardization of Collection of Evidence in Sexual Assault  
Investigations*

The Division of Criminal Justice supports the concept of Raised Bill No. 243, An Act Requiring Acute Care Hospitals to Make Forensic Nursing Services Available to Patients, and appreciates this opportunity to present the Committee with additional information on this subject. We will limit our comments specifically to the provision of forensic nursing services to victims of sexual assault. By way of background, in addition to serving as State's Attorney for the Judicial District of Windham, I serve as the Chief State's Attorney's designee as Chair of the Commission on the Standardization of Collection of Evidence in Sexual Assault Investigations. This commission was established in statute and is charged with the creation and distribution of what is known as the sex crimes kit, the kit utilized by medical personnel for the collection of evidence in sexual assault cases. Section 19a-112a of the General Statutes requires that the Commission provide training in the use of the kit.

At the outset, the Division of Criminal Justice must reiterate the testimony we submitted to the Joint Committee on Public Health on February 14, 2007, with regard to S.B. No. 1013 of the 2007 Regular Session. In particular, we must again stress in the strongest of terms that the Division of Criminal Justice is not the appropriate agency to oversee or administer in any way any sort of forensic nursing initiative. Although we appreciate the confidence expressed by those who have suggested such an arrangement, we must state emphatically that to involve the Division directly in such a process would raise serious legal issues that could jeopardize our ability to successfully prosecute sexual assault cases.

Again, we repeat what we said last year: Criminal cases can be difficult enough to win in the courtroom; we certainly do not want to lose them in the emergency room. Our constitutional responsibility is the investigation and prosecution of criminal matters, including sexual assaults, and to pursue justice for the victims of these crimes. To place any responsibility for a forensic nursing program with the Division of Criminal Justice could jeopardize our ability to obtain justice. There would undoubtedly be serious constitutional questions raised by the defense bar to any program where the medical personnel responsible for the collection of evidence could be viewed as an arm or agent of the prosecution. It is imperative that the General Assembly fully consider all applicable law and legal principles, keeping in mind that you are dealing with the very restrictive rules of evidence and criminal procedure as you move forward with consideration of Raised Bill No. 243. A statement given by a victim to a health care worker can be admissible in subsequent criminal proceedings while a statement given to an agent of the prosecution would not be admissible.

That being said, the Division commends the Committee for its consideration of this bill. We strongly support the provision of forensic nursing services for victims of sexual assault. These victims suffer great physical and emotional trauma. The sad reality is that the victim's body is the crime scene. In order to conduct investigations and hold offenders accountable it is necessary for the victim to submit the collection of evidence from their own bodies. The medical examination, during which evidence is also collected, is intrusive. Victims tell me about having their fingernails clipped, their pubic hair combed and about undergoing oral, anal and vaginal swabbing required in the search for and collection of evidence. Victims can have different reactions to the trauma they have experienced: some may be comatose; some may be crying; and others may laugh, even hysterically. Having a Sexual Assault Nurse Examiner (SANE/SAFE) would go a long way toward eliminating some of this trauma. These professionals are trained not only in the proper medical treatment procedures and the collection and packaging of the evidence but in the dynamics of sexual assault crimes and in the treatment of the victims.

In conclusion, the Division of Criminal Justice stands ready to work with the Committee and all interested parties to address these issues and to assist in the development of a forensic nursing program to assist victims of sexual assault. We thank the Committee for this opportunity to present our input on this important issue and would be happy to answer any questions or provide any additional information the Committee might require.